

Bicester Health Centre Patient Participation Group Bicester Health Centre, Coker Close, Bicester OX 26 6AT
F2F Meeting Minutes - Wednesday 15 May 2019 3.00 – 5.00 pm

Present

BHC Staff: **JH, NS.** F2F Group members present: **MM, GH*, PP, ES, ET***

The Minutes of 20 March 2019 meeting approved already; sent out to the virtual PPG and put on the website for anyone to read.

ITEMS ARISING from March Meeting

ACTION/UPDATE

Tai Chi Sessions in the practice for BHC Patients

MM reported all 3 benches are now in place. She has met with OYAP to inspect the space to be used in case of inclement weather. Though the rental price was initially quoted as £15, **MM** says there is a discount available, and if the space is only used occasionally, the fee may be waived altogether. There is a large hall, and also classrooms available.
 Disappointingly there were only 3 students at the class on 15/5/19, even though it was a warm and sunny day. **MM** said there were 30 on her list, and possibly 2 more joining from the Humming Bird Centre.
 It was felt that removing doubt as to whether there was class, by having a rain venue, would increase attendance. Also, **MM** was going to look for a teacher who could do every week, through holidays etc.
ET suggested that we include “Strength and Balance” in the class title, to emphasise that benefit of the classes.

MM to pursue OYAP fee (or none) and teacher who can give classes through the holidays.

Update on language in standard messages, chosen by clinician, to be relayed to a patient who phones for information.

The new responses have now been agreed and finalised.

Large laminated notice to be placed in testing rooms.

PP remarked that it is not being handed to patients, and is stuck on a wall to the side of patients being tested.

NS to re-site

Feedback on the Future of Primary Care in Bicester Meeting 14/5/19 at the John Paul II Centre

The evening was well attended mostly by patients from the two surgeries who are moving. **JH** said it had gone well. The idea of having Primary Care Networks (PCNs – grouping Bicester practices and sharing non-GP clinicians) was not popular according to an employee of HealthWatch who was attending the meeting as a patient. As ever, parking and transport to the new location were a concern. **JH** said that if a large number of patients wanted to change surgery to retain a town centre location, BHC would struggle, though we could reclaim the space being used by the HUB, and use the Julier Centre once their lease runs out in 2025.

More about PCNs

JH. A PCN will be a grouping of 30-50,000 or more patients (Bicester is currently at 49,000) offering greater unanimity of patient care. The NHS can require that the PCN provide certain services such as emergency appointments and out of hours care. The NHS will fund non-GP clinicians to provide care at PCN level in order to address the issue of the shortage of GPs. Currently there is to be part funding for a Clinical Pharmacist, and full funding for a Social Prescriber. Later there will be funding for community paramedics and Physician Associates. There will be a form of triage for all patients making appointments so that they

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can be directed straight to the correct clinician, without necessarily seeing a GP first. The contract was signed by BHC last week, though does not take effect until 1 July 2019. MM asked where the non-GP services would be provided. JH replied that he foresees the teams coming to BHC.

Facebook page for Bicester Health Centre Currently has 47 likes. LH put Tai Chi on Bicester Chat and got 3800 views. PP asked why there were no signs advertising the page around the surgery. It was suggested that the page be recreated with a live link to the BHC home page/e-consult.

Leaflets PP stated that the new Activities for over 60s leaflet had been put into the standard PPG format, but one entry needed to be checked. JH said that the leaflets were being used to scribble on, and suggested creating a small children's play area in the main waiting area. NS suggested that painting a section of the wall with blackboard paint, and providing chalks may help. JH suggested leaving laminated copies of the leaflets on the tables, and placing the paper ones in racks on the walls.

PPG Initiatives. PP reported that Helen Hollis, employed by Cancer Research, seconded by the OCCG to increase the uptake of screening, had offered sessions to the PPG to aid when handing out flyers e.g. at Flu Clinic days. This could be offered to the virtual PPG members and the reception staff at a future PPG meeting. JH said that by circulating documents beforehand, we could clear the agenda for this. If it was deemed a success we could organise an evening meeting for patients, perhaps with participation from the Hummingbird Centre and Macmillan Nurses.

Fundraising. PP read a letter from the Pangbourne Surgery pointing out that their funds had been from donations, and the PPG had not been fund raising. ET thought that the Key surgery in Kidlington had a fund that they had used to purchase additional equipment etc. MM said that having had £1000 in donations for the benches, the PPG / Surgery could solicit further donations for a specific piece of equipment e.g. the CRP machine.

NS to investigate

PP to investigate.
PP to investigate online giving for a non-charity.

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AGENDA

ACTION/UPDATE

1	Carers Week 10-14 June.	
&	It was agreed that we need to solicit volunteers from the wider PPG community. We would have:	NS to print PP to produce.
2	NAPP poster to advertise them (in the support material). PPG patient survey. Possibly the little Carers cards we had last year, and similar ones for the PPG.	
3	NAPP subscription has been renewed.	PP This event cancelled, will try to attend Wallingford 12/6
4	PPG Forum PP said she would try to attend Witney Corn Exchange 5/6/19 6:00-8:30 p.m.	

ANY OTHER BUSINESS

- 1 **e-Consult**is live as of 15/5/19, and the practice is getting a feel of how it will work out. JH noted that you can “have a play” before submitting your entry to the practice. The purpose of the software is to perform triage by asking the patient guided questions. There are safeguards so that emergency situations can be detected. The patient responses are formatted as a PDF document and sent to the clinician. There is a commitment to “get back to” the patient within 24 hours. The patient has supplied their email address, which give implicit permission for the clinician to use it., e.g. to tell the patient to book an appointment However, email is not deemed secure so the clinicians will act accordingly i.e. call back. ES asked how we are to know who will see this confidential information. JH said it just goes to the clinician, or someone who has signed a confidentiality agreement, and would be treated in the same way as any patient notes or a letter. If the patient is unable to use e-consult, they can call reception, and the receptionist/health care navigator will take them through the triage, and record the answers in the same way.
- 2 **Parking**ET stated that she had been given a ticket for parking with a disabled badge on the double yellow lines. This would be allowed on a public highway, but it is possible to have different rules on a private road. She felt that the policy should be changed to align with public highway parking regulations, and signage amended accordingly.

The meeting closed at 5.00 pm
 NEXT MEETINGS Wednesday 03 July 2019 Time: 3-5 pm in BHC and Wednesday 18 September 2019 Time: 3-5 pm in BHC
 PPG virtual members are welcome to attend and/or send comments beforehand. Please notify bhc.ppg.f2f@gmail.com to confirm you are coming.